

REQUEST FORM FOR DATA INFORMATION



NOTE: PLEASE ALLOW AT LEAST TWO WEEKS FOR FULFILLMENT OF DATA REQUEST

Maricopa County Department of Public Health
Division of Epidemiology and Data Services
4041 N Central Ave, Suite 600
Phoenix, AZ 85012
Phone (602) 372-2604 FAX (602) 372-2610

Date of Request: ____ / ____ / ____

Date Needed (Min. Two Weeks): ____ / ____ / ____

Requester Name: _____

Address: _____ Phone: _____

_____ Fax: _____

E-mail Address: _____

Requester Affiliation: _____ County ☐ Student ☐ State ☐ Other ☐

If Other, Type of Organization: _____

Purpose of Information: Commercial ☐ Non-Commercial ☐

A commercial purpose is defined by Arizona Statute as the use of a public record for the purpose of:

- sale or resale, or
- producing a document containing all or part of the copy, printout, or photograph for sale, or
- obtaining of names and addresses from such public records for the purpose of solicitation, or
- or any purpose in which the purchaser can reasonably anticipate the receipt of monetary gain from the direct or indirect use of such public records.

Please read and sign the below agreement:

I, _____, am the _____ of
(Name) (Title)

_____, located at _____, which is engaged in the
(Company Name) (Address, City, State, Zip)

business of _____. I am requesting the below information for the following purposes:
(Nature of Business)

I certify that all information provided is true and correct. I agree that the public records will not be transmitted or resold to any other person or entity with specific authorization from the County's record custodian. I agree to delete all data acquired via this request from my databases and all other electronic media forms upon completion of the purpose or use for which this request is made. I understand that if this information is provided, there may be a charge and I will have to sign an agreement for a Public Record Request. I agree not to hold Maricopa County liable for any inaccurate or incomplete information I may receive.

Signature _____

Date _____

Phone Number _____

Fax Number _____

Please request only information needed. Unusually lengthy requests require much more staff and computer time and will result in greater preparation time, and possibly, client charges. Note that only data for Maricopa County are available from the county.

Office Use Only

Completed by: _____

Date: _____

Time to Complete: _____

Distribution: Mail _____

E-Mailed _____

Faxed _____

Picked-Up: _____

Nativity (Birth) Data Requested

Time period(s) (1990 to 2003) (years and/or months): _____

Area(s) (must be county-wide, zip codes or cities): _____

All Births ☐ Single Births Only ☐ Multiple Births Only ☐

Data Available: Mother's Age _____ Teen Age Births _____ Race/Ethnicity _____
Education _____ Marital Status _____ Child's Sex _____
Birth Weight _____ No. Prenatal Visits _____ Plurality _____
Gestational Age _____ Institution of Birth _____
Trimester Prenatal Care Began _____

Requesting Place of Residence or Place of Occurrence? _____

Please Indicate Crosstabulation (e.g., Mother's Age by Race) : _____

Mortality (Death) Data Requested

Time period(s) (1990 to 2003) (years and/or months): _____

Area(s) (must be county-wide, zip codes or cities): _____

Main Causes of Death (39) ☐ or: Specific Cause(s): _____

Data Available: Age at Death _____ Race/Ethnicity _____ Sex _____
Marital Status _____ Educational Level _____
Infant Mortality Components: _____

Requesting Place of Residence or Place of Occurrence? _____

Please Indicate Crosstabulation (e.g., Age by Race): _____

Communicable Diseases Data Requested

(Most reportable communicable diseases may be available. Please refer to the Arizona Dept. of Health Services for a list of communicable diseases at <http://www.azdhs.gov/phs/oids/downloads/rptlist.pdf>)

Time period(s) (1996 to 2003) (years and/or months): _____

Area(s) (must be county-wide, zip codes or cities): _____

Specific Communicable Diseases: _____

Data Available: Age _____ Race/Ethnicity _____ Sex _____

Please Indicate Crosstabulation (e.g., Age by Race): _____

Other Data/Information Requested